
COLD RELATED EMERGENCIES

SUSPECTED FROSTBITE

FIELD ASSESSMENT/TREATMENT INDICATORS

Areas of skin that are cold, white, and hard to touch
Pain to affected extremity

BLS INTERVENTIONS

1. Elevate extremity
2. Do not rub or otherwise attempt active re-warming
3. Separate digits and wrap in dry sterile gauze

ALS INTERVENTIONS

1. Obtain vascular access
2. For c/o pain in affected extremity,
 - a. Pediatric – Morphine Sulfate 0.1 mg/kg IV not to exceed 2mg increments to a total of 5mg or Morphine Sulfate 0.2mg/kg IM to a total of 10mg IM, titrated for pain relief
 - b. Adult – Morphine Sulfate 2mg IV not to exceed 2mg increments to a total of 10mg or Morphine Sulfate 10mg IM may repeat IM dosage one time for pain relief
3. Base Hospital may order additional medication doses
4. In Radio Communication Failure (RCF) the EMT-P may administer a repeat dosage of Morphine Sulfate

MILD HYPOTHERMIA

FIELD ASSESSMENT/TREATMENT INDICATORS

Decreased core temperature
Cold, pale extremities
Shivering, reduction in fine motor skills
Loss of judgment and/or altered level of consciousness or simple problem solving skills

BLS INTERVENTIONS

1. Oxygen as clinically indicated
2. Remove from cold/wet environment; remove wet clothing and dry patient
3. Insulate and apply wrapped heat packs, if available, to groin, axilla and neck. This process should not be interrupted during transport

ALS INTERVENTIONS

1. Obtain vascular access
2. Cardiac Monitor
3. Consider blood glucose determination and provide treatment as clinically indicated

SEVERE HYPOTHERMIA**FIELD ASSESSMENT/TREATMENT INDICATORS**

Severe cold exposure or any prolonged exposure to ambient temperatures below 36 degrees with the following indications:

Altered LOC with associated behavior changes
Unconscious
Lethargic
Shivering is generally absent
B/P and heart sounds may be unobtainable
Minimize movement

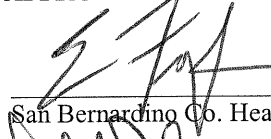
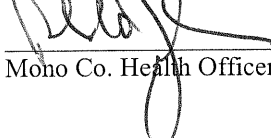
BLS INTERVENTIONS

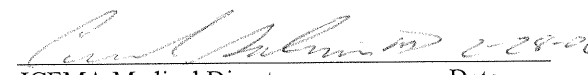

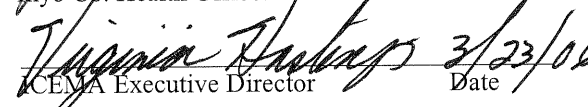
1. Maintain appropriate airway with oxygen as clinically indicated (warm, humidified if possible)
2. Assess carotid pulse for a minimum of 1-2 minutes, if no pulse palpable; place AED if available, per Protocol Reference #16215. If no shock advised, begin CPR
3. Insulate to prevent further heat loss
4. Gently cut away wet clothing if transport time is >30 minutes

ALS INTERVENTIONS

1. Advanced airway as clinically indicated
2. Obtain vascular access and administer fluid bolus
 - a. 9 years and older: 300ml warmed NS, may repeat
 - b. Birth to 8 years: 20ml/kg warmed NS, may repeat
3. Obtain rhythm strip for documentation
4. For documented VF, Pulseless V-Tach, defibrillate one time at 2j/kg or 200 joules (For agencies using bi-phasic technology, follow manufactures' guidelines)
5. For documented asystole:
 - a. Begin CPR
 - b. May give additional fluid bolus
6. Contact Base Hospital.

APPROVED:

 **MAR 08 2006**
San Bernardino Co. Health Officer Date
 3/2/06
Mono Co. Health Officer Date

 2-28-06
ICEMA Medical Director Date
 3/16/06
Inyo Co. Health Officer Date
 3/23/06
ICEMA Executive Director Date